

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008202

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: GOOD HELP OF FLORIDA, INC.

## Current Principal Place of Business:

4615 POST OAK PLACE DRIVE STE 140  
HOUSTON, TX 77024

## New Principal Place of Business:

3203 W ALABAMA  
HOUSTON, TX 77098

## Current Mailing Address:

101 E KENNEDY BLVD  
SUITE 2800  
TAMPA, FL 33602

## New Mailing Address:

FEI Number: 42-1579528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRAHAM, KEVIN H  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 E KENNEDY BLVD STE 2800  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: JOEKEL, KEN  
Address: 4615 POST OAK PLACE DRIVE STE 140  
City-St-Zip: HOUSTON, TX 77024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition  
Name: JOEKEL, KEN  
Address: 3203 W ALABAMA  
City-St-Zip: HOUSTON, TX 77098

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L STEVENS

OM

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date